Ø1005/011

JUL 2 2 2005

# APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Type::

Regular

Subject Matter::

Utility

CD-ROM or CD-R?::

None

Title::

MAMMALIAN RECEPTOR PROTEINS; RELATED

**REAGENTS AND METHODS** 

Attorney Docket Number::

DX01074B1K

Request for Early Publication?:: No

Request for Non-Publication?:: No

Small Entity::

No

Petition included?::

No

Secrecy Order in Parent App.?:: No

# **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor

Primary Citizenship::

UNITED STATES

Status::

**Full Capacity** 

Given Name::

MADALINE

Middle Name::

Family Name::

CHIRICA

Residence City::

**PALO ALTO** 

Residence State::

California

Residence Country::

USA

Address::

**1520 UNIVERSITY AVENUE** 

PALO ALTO, CA 94301

Applicant Authority Type:: Inventor

Primary Citizenship::

THE NETHERLANDS

Status::

Full Capacity

Given Name::

ROBERT

Middle Name::

Α.

Family Name::

**KASTELEIN** 

Residence City::

REDWOOD CITY

Residence State::

California

Residence Country::

USA

Address::

**463 SUMMIT DRIVE** 

REDWOOD CITY, CA 94062

Applicant Authority Type:: Inventor

Primary Citizenship::

UNITED STATES

Status::

**Full Capacity** 

Given Name::

**KEVIN** 

Middle Name::

W.

Family Name::

MOORE

Residence City::

**PALO ALTO** 

Residence State::

California

Residence Country::

USA

Address::

251 CAROLINA LANE

PALO ALTO, CA 94306

Applicant Authority Type:: Inventor

Primary Citizenship::

**UNITED STATES** 

Status::

Full Capacity

Given Name::

CHRISTI

Middle Name::

L.

Family Name::

**PARHAM** 

Initial 10720026 11/21/03 05/12//05

Residence City::

SAN FRANCISCO

Residence State::

California

Residence Country::

**USA** 

Address::

2385 30th AVENUE

SAN FRANCISCO, CA 94116

# CORRESPONDENCE INFORMATION

Correspondence Customer

Number::

28008

Phone number::

650-496-1244

Fax Number::

650-496-1200

E-Mail address::

sheela.mohan-peterson@dnax.org

## REPRESENTATIVE INFORMATION

Representative Customer Number::	28008
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#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part of	10/667,290	09/18/03
10/667,290	Divisional of	09/853,180	05/10/01
09/853,180	An application claiming the benefit under 35 USC 119(e)	60/203,426	05/10/00

## ASSIGNEE INFORMATION

Assignee name::

Schering Corporation

Street of mailing address:: 2000 Galloping Hill Road

City of mailing address:: Kenilworth

State of mailing address:: New Jersey

Country of mail address:: United States

Zip Code of mail address:: 07033